California Children's Services (CCS) Program Billing Example: UB-04 Claim Form

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The example in this section is to assist providers in California Children's Services (CCS) program billing on the *UB-04* claim form. Refer to the *California Children's Services (CCS) Program* section in this manual for policy information. Refer to the *UB-04 Completion: Inpatient Services* or *UB-04 Completion: Outpatient Services* sections in the appropriate Part 2 manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section in the appropriate Part 2 manual.

For additional billing information, refer to the *UB-04 Special Billing Instructions for Inpatient Services*, *UB-04 Special Billing Instructions for Outpatient Services*, *UB-04 Submission and Timeliness Instructions*, *UB-04 Tips for Billing: Inpatient Services*, and *UB-04 Tips for Billing: Outpatient Services* sections in this manual.

Note: Although the claim form example in this section uses information and codes appropriate to an inpatient provider claim, the purpose of the example is to illustrate billing issues of particular interest to CCS providers of <u>either</u> inpatient or outpatient services.

Important Fields for CCS Claim Completion

Figure 1. Completing Fields for CCS Claims: Service Authorization Request (SAR), Provider and Client ID Numbers.

This is an example only, based on <u>inpatient</u> services rendered. Providers should note that codes and other information appropriate to <u>outpatient</u> services will differ from this example. An outpatient claim will use codes appropriate to outpatient providers, as well as "O/P Medi-Cal" in line 50. Please adapt to your billing situation. Attachments are not illustrated in this example.

In this example, a medical center is billing for pediatric intensive care services and medical/surgical supplies.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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NPI

Enter the facility's appropriate NPI in the NPI field (Box 56).

Note: «Enter the facility non-contract hospital NPI when billing for CCS-only clients.»

Insured's Unique ID

Enter the client's identification number in the *Insured's Unique ID* field (Box 60) as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card.

Treatment Authorization Codes

Enter the 11-digit SAR number in the *Treatment Authorization Codes* field (Box 63).

Note: For providers billing without a SAR number with prefix "91" or "97", leave this field blank.

Referring Physician ID

Enter the NPI of the referring physician in the Attending field (Box 76), if applicable.

Note: If the referring physician initiated the SAR, then enter the referring physician's NPI. Otherwise, if the rendering physician initiated the SAR, this field must be left blank.

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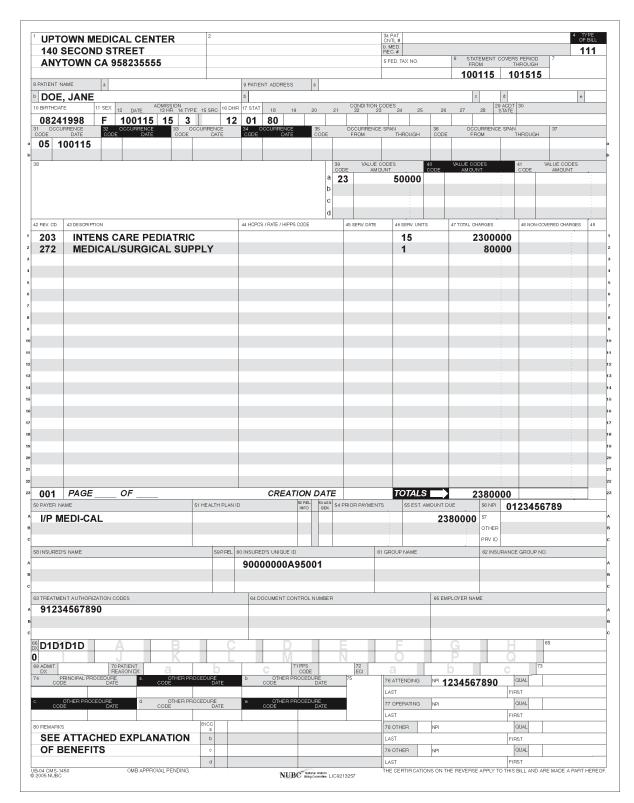


Figure 1: Completing Fields for CCS Claims: SAR, Provider and Client ID Numbers.

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«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
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